



MO-CPAP

MISSOURI CHILD PSYCHIATRY
— ACCESS PROJECT —

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February 21, 2020**

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- Missouri Department of Mental Health
- University of Missouri - Columbia
 - Department of Psychiatry
 - Assessment Resource Center (ARC)
 - Missouri Telehealth Network (MTN)
- Behavioral Health Network (BHN) of Greater St. Louis
- Behavioral Health Response (BHR)
- National Alliance on Mental Health Illness (NAMI), St. Louis
- Washington University of Pediatric and Adolescent Ambulatory Research Consortium (WU PAARC)
- Greater St. Louis Council on Child Psychiatry





The Need for Youth BH Services

- **1 in 5** children have behavioral health problems at any point in time.¹
- **Only one third** of youth ages 12-18 with depressive symptoms receive treatment.²
- **Nearly 50 percent** of children identified as having a mental health disorder did not receive care.³
- **Suicide is now the 2nd leading cause of death** for children ages 10-14 and youth 15-24, after intentional injury.⁵
- **Severe shortage** of child psychiatry resources.⁴

¹National Alliance on Mental Illness (NAMI), *Mental Health Facts: Children & Teens*, 2016.

²Menta

³Whitney, D. & Peterson, M. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children *JAMA Pediatr.* 2019;173(4):389-391. doi:10.1001/jamapediatrics.2018.5399

⁴ American Academy of Child & Adolescent Psychiatry (AACAP). Workforce Maps by State.

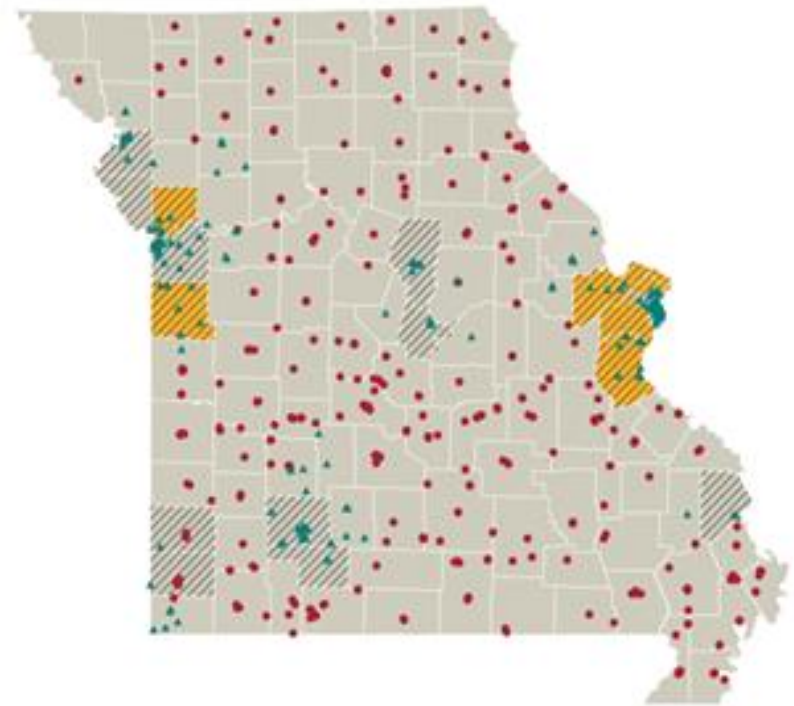
https://www.aacap.org/aacap/advocacy/federal_and_state_initiatives/workforce_maps/home.aspx

American Academy of Pediatrics, Task Force on Pediatric Education, The Future of Pediatrics Education. Evanston, IL, American Academy of Pediatrics, 1978



Missouri's Behavioral Health Care Crisis

Pervasive stigma and geographic barriers to accessing mental health can prevent all who seek behavioral health services in rural Missouri from seeking help for stress, anxiety and depression. **Each of Missouri's 99 rural counties is a designated Mental Health Professional Shortage Area, and with just 3.7% of the recommended supply filled, Missouri faces the largest shortage of behavioral health care providers in the U.S.**



Missouri at a Glance

- Population: 1.4 million children under age 18
- 146 child psychiatrists
- **11 child psychiatrists per 100,000 children (severe shortage)**
- compared to a mostly sufficient supply = or greater than 47/100,000 children

Child & Adolescent Psychiatrists (CAPs) Per 100,000 Children in selected Missouri Counties¹:

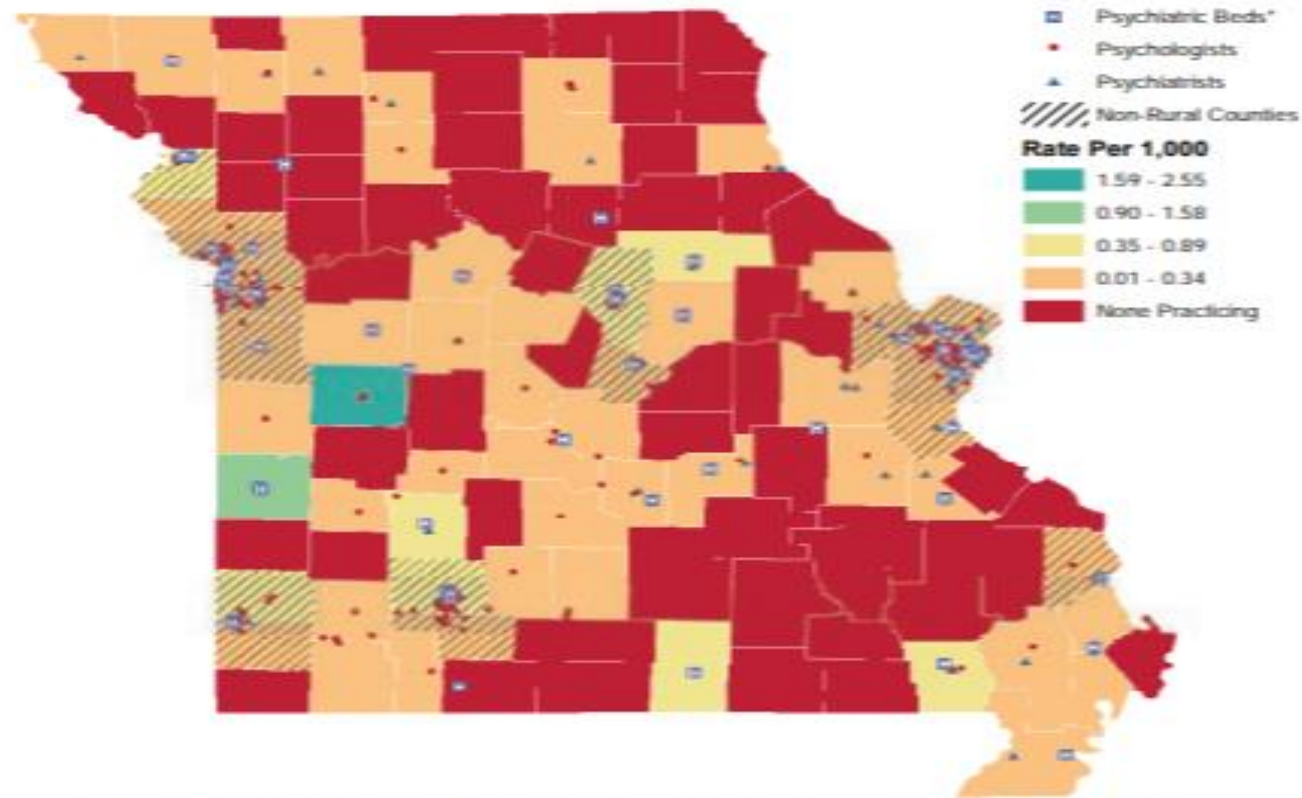
City of St. Louis:	24	Audrain:	1
St. Louis County:	39	Boone:	30
St. Charles:	6	Callaway:	0
Jefferson:	1	Cole:	3
Franklin:	0	Cooper:	0
Lincoln:	0	Howard:	0
Warren:	0	Moniteau:	0
		Randolph:	0



¹ American Academy of Child & Adolescent Psychiatry (AACAP). Workforce Maps by State.
https://www.aacap.org/aacap/advocacy/federal_and_state_initiatives/workforce_maps/home.aspx

Missouri MHA Data

Figure 6: Psychologists & Psychiatrists Per 1,000 Residents by County in Missouri



Sources: 2015 Neilsen Population Data; 2017 Annual Licensing Survey; MHA Membership Database.
* Hospitals with geriatric, adult and/or pediatric psychiatric care beds.

American Academy of Pediatrics Periodic Survey, 2013

Pediatricians surveyed self-reported that **they were not prepared to address the common behavioral and mental health problems** facing their patients and families.

- **65%** of the 512 pediatricians reported that they lacked training in the treatment of children and adolescents with mental health problems
- **40%** indicated they lacked confidence to recognize mental health problems

Behavioral Health in the Exam Room

On not being prepared: “We have them in the exam room for an ear infection and **all of a sudden, it’s this huge behavioral story.**”

On lack of continuity: “...when kids are hospitalized for any length of time [t]here is no follow-up. They come to my doorstep and they are on [anti]psychotics... **Usually I am not putting them on it I am cosigning or refilling them in the hopes they get back in touch with the psychiatrist** who put them on the medication in the first place.”

Pediatric PCPs are uniquely suited to address mild to moderate behavioral health care needs in their practices with the proper support.

Suitability of Primary Care Providers for Behavioral Health

- Patients and families often feel more comfortable and trusting of primary care providers.
- Primary care providers have the opportunity for prevention and screening.
 - AAP Guidelines for Adolescent Depression in Primary Care (GLAD-PC)
- Addressing psychiatric issues in primary care setting can reduce stigma.

Our Vision: To increase mental health care access and to support primary care providers as they address mild to moderate behavioral health concerns within their practices.



Services for Enrolled PCPs



Timely telephonic consultations with Child Psychiatrists



Follow-up Coordination to appropriate behavioral health providers



Ongoing training and education for Primary Care providers & staff



What MO-CPAP cannot do

- Provide emergency or crisis response care to patients
- Offer patients direct appointments with Child and Adolescent Psychiatrists



Expectations for Enrolled PCPs

- Enroll and complete a one-time Baseline Survey
- Utilize services when you have BH questions
- Support MO-CPAP into the future by completing:
 - Brief Quarterly Surveys
 - 3 Question survey following your first few consultation call experiences



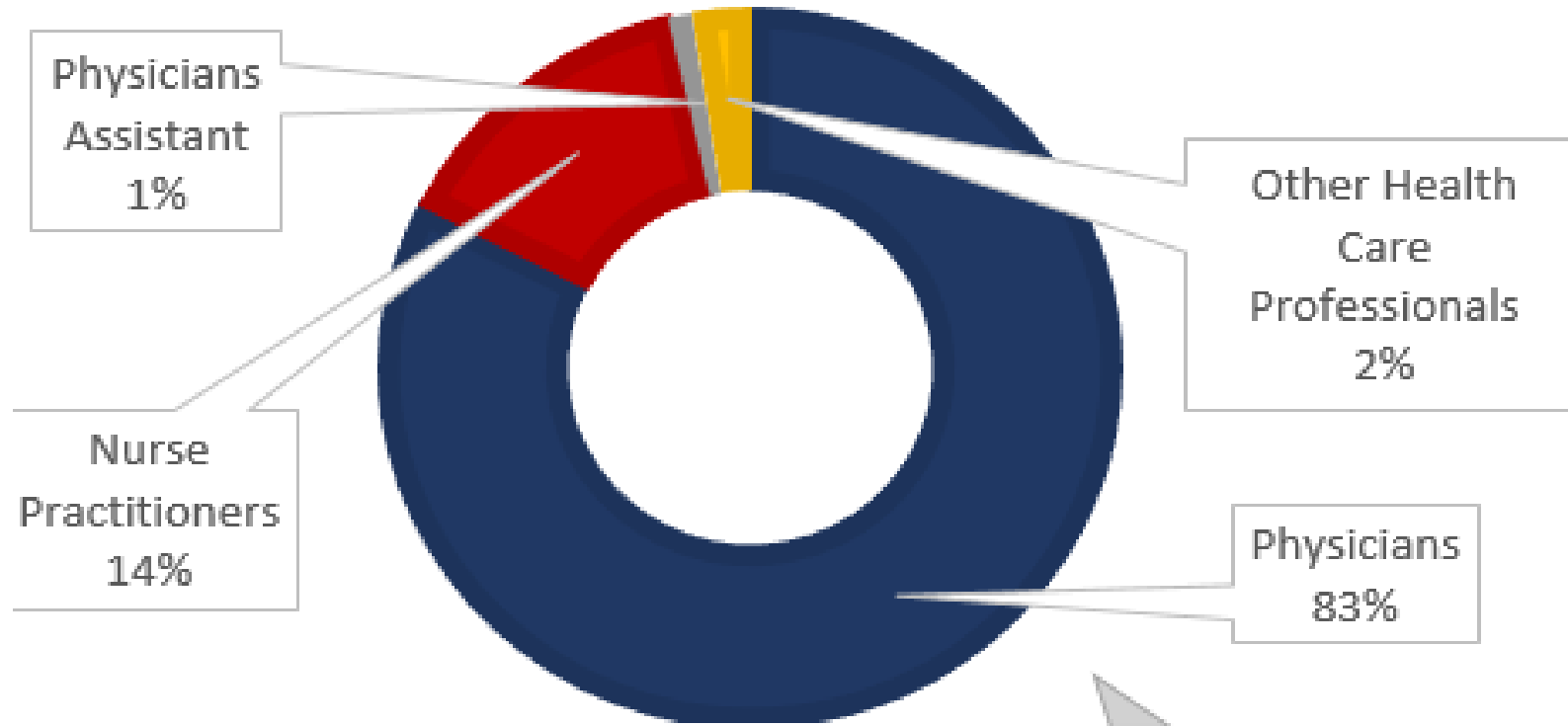
MO-CPAP Educational Resources

- ADHD
- Aggression
- Anxiety
- Bipolar Disorder
- Childhood Onset Psychosis
- Depression
- Eating Disorders
- Early Intervention/IEPs
- Gender Dysphoria
- Medications
- Oppositional Defiant Disorder
- PTSD/Trauma
- Reactive Attachment Disorder



Primary Care Provider Breakdown

ENROLLMENT BY PROVIDER TYPE



252 providers enrolled, 100+ participating practices

Why are providers calling MO-CPAP?

- *13 year old male with worsening anxiety and possible depression symptoms with school avoidance. Unclear if recent concussion has contributed to symptoms. Discussed adjusting current medication, and consider switching to another medication if response is inadequate. Discussed therapy and school interventions.*
- *17 year old female with somatic symptoms, anxiety, likely panic attacks, sleep disturbance, daytime sleepiness/fatigue, use of energy drinks, some school performance difficulties despite high level of cognitive ability. Discussed sleep hygiene, medication and therapy options, use of questionnaires to track anxiety symptoms.*



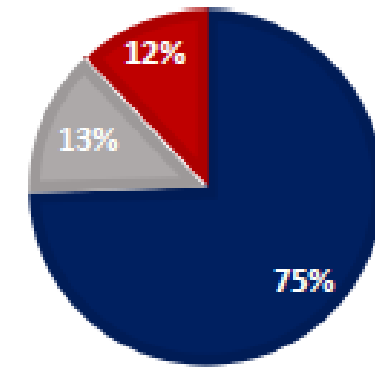
Consult Call Data

- 351 total calls (through 02/06/20):

- 249 for psychiatry consult only
- 50 for linkage and referral only
- 49 for both consult and referral

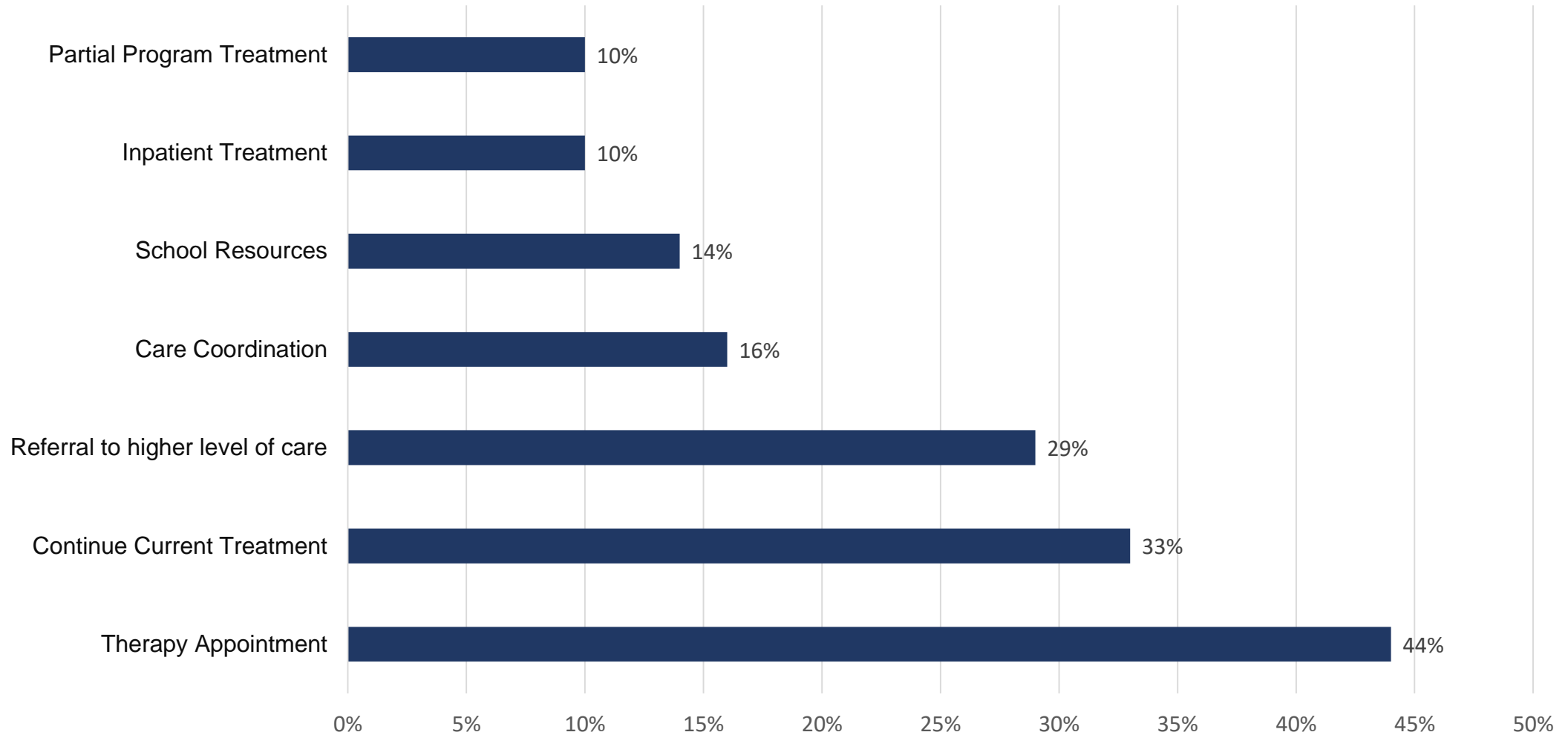
MO-CPAP CALLS (TOTAL FOR PROJECT)

■ Psychiatric Consultation ■ Linkage & Referral ■ Both



- 92 unique PCP callers (74% have called 1-3 times)
- Majority of calls last approximately 5-15 minutes
- 24 cases in follow up coordination

Interventions Discussed



Quarterly Survey Highlights

Administered October 2019

N = 44

Participating in MO-CPAP enables me to meet the needs of children with mild and moderate behavioral health challenges.

Mean = 4.32

95% Agreed or Strongly Agreed

Strongly
Disagree

Neutral

Strongly
Agree

Participating in MO-CPAP enables me to receive assistance with other behavioral health services (aside from psychiatric consultation, such as L&R).

Mean = 4.09
25% Neutral

Participating in MO-CPAP enables me to consult with a child psychiatrist in a timely manner.

Mean = 4.57

68% Strongly Agreed

I feel better equipped to manage more psychiatric issues that arise in my clinic.

The ability to quickly access a psychiatric expert on difficult cases is invaluable and rare.

Testimonials

It is so beneficial to be able to have access to a child psychiatrist in a timely manner. With the combination of a LCSW, a licensed psychologist, a primary care physician, and Mo-CPAP **we have expanded our capacity to treat children with mild to moderate behavioral health needs in a primary care setting.** This removes barriers for our patients and makes our providers feel supported.
Thank you!

I have had multiple complicated patients with depression and anxiety that have benefited greatly from my ability to talk to a psychiatrist about their treatment. These patients would have waited 6-9 months for a psychiatry appointment, but **I have been able to help them immediately due to MO-CPAP!** I believe this can be so beneficial for our patients, and help avoid hospitalizations, suicide attempts, and child/adolescent suicide.

Life saving in many situations.

CAP Feedback

“PCPs are handling situations that are much more complex and they are doing a great job! I am so impressed with the providers that call.”

- Reported to MO-CPAP staff during monthly CAP meeting (March 1, 2019)



Questions?

To learn more (and access our educational resources),
visit the MO-CPAP website:

medicine.missouri.edu/mo-cpap

Enrollment is open now!

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